



## Mississippi Public Service Commission

Michael Callahan  
Southern District

Nielsen Cochran  
Central District

Bo Robinson  
Northern District



# NO CALL Subscriber Complaint Form

Mail completed form to:  
Mississippi Public Service Commission  
No Call Program  
P.O. Box 1174  
Jackson, MS 39215-1174

### For Office Use Only

Application Date \_\_\_\_\_

NC Complaint # \_\_\_\_\_

**IMPORTANT!** This form is only for consumers who are registered in the Mississippi No Call Register.  
Fields marked with an asterisk (\*) are required. We cannot process an incomplete form.

### RESIDENTIAL CUSTOMER INFORMATION (please print)

\* Name: \_\_\_\_\_  
\* Mailing Address: \_\_\_\_\_  
\* City: \_\_\_\_\_ State: MS \* Zip Code: \_\_\_\_\_ \* County: \_\_\_\_\_  
\* Phone number the telemarketer called: (\_\_\_\_) \_\_\_\_\_  
\* Local Telephone Company: \_\_\_\_\_  
\* Long Distance Telephone Company: \_\_\_\_\_  
How may we contact you? \_\_\_\_\_

### TELEMARKETER INFORMATION

Fields marked with an asterisk (\*) are required.

We must have Telemarketer Phone Number AND/OR Name of the Telemarketing Company.  
We cannot process an incomplete form.

\* Date of call: \_\_\_\_\_ \* Time of call: \_\_\_\_\_  
\* Telemarketer Phone Number as it appeared on your Caller ID: \_\_\_\_\_  
\* Name of the Telemarketing Company: \_\_\_\_\_  
Telemarketer Company Address, if provided: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Product or Service Offered: \_\_\_\_\_

### Additional Information:

1. The call was a recorded message. (There was no "live operator" to greet me?) \_\_\_\_\_ Yes \_\_\_\_\_ No
2. The solicitor telephone number appeared on Caller ID. \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Do you have Caller ID? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. I have an existing or prior (within the last 6 months) business relationship with the solicitor. \_\_\_\_\_ Yes \_\_\_\_\_ No
5. I would be willing to testify in court regarding this complaint. \_\_\_\_\_ Yes \_\_\_\_\_ No
6. I give permission to the Mississippi Public Service Commission to obtain any records related to this call from my telecommunication carriers. \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Call back number given by telemarketer: (\_\_\_\_) \_\_\_\_\_

Briefly describe your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_